DECLARATION FOR PATENT APPLICATION (JOINT OR SOLE) (Under 37 CFR § 1.63; with Power of Attorney) FROMMER LAWRENCE & HAUG LLP

below named inventor, I hereby declare that:

FLH File No. 450117-02628

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is

sought on the invention ENTITLED:	ed below) of the subje	ct matter whiteh i	s ctanned and for witten a patent is	
CALIBRATION PROCEDURE	FOR WIRELESS NET	WORKS WITH DI	RECT MODE TRAFFIC	
the specification of which				
is attached hereto.	•,			
X was filed on June 21, 2000	as Application Seri	al No. <u>09/598</u>	984	
with amendment(s) through		(if ap	plicable, give dates).	
the claims, as amended by any amendment refe	rred to above. to the United States Pa	atent and Trademar	re-identified specification, includin ork Office all information known to me , Sec. 1.56.	
for patent or inventor's certificate listed inventor's certificate having a filing date Prior Foreign Application(s) [list	below and have also id before that of the app it additional applicati	entified below an lication on which ons on separate p	<pre>priority is claimed: page]:</pre>	;)
<u>Number: Coun</u> 99 112 129 ₋ 4 Eu	rope	led (Day/Month/Yea 23 June 1999	<u>ar):</u> <u>Yes</u> <u>No</u> X	
below and, insofar as the subject matter of States application in the manner provided by duty to disclose to the United States Patent patentability as defined in Title 37, Code o date of the prior application and the nation	each of the claims of the first paragraph o and Trademark Office f Federal Regulations, al or PCT internationa	this application f Title 35, Unite all information k Sec. 1.56, which l filing date of	d States Code § 112, I acknowledge to nown to me to be material to became available between the filing	he
Prior U.S. Application(s) [list add				
Appln. Ser. Number: Filed (Day/Mo	ontn/Year):	Status (patented	, pending, abandoned):	
I hereby appoint <u>WILLIAM S. FROMMER</u> or their duly appointed associate, my attorn application, to make alterations and amendme receive the Patent, and to transact all busi therewith, and specify that all communicatio address:	eys, with full power on ts therein, to file coness in the Patent and	f substitution and ontinuation and d Trademark Office	livisional applications thereof, to and in the Courts in connection	
WILLIAM S. FROMMER , Esq.		Direct all telep	hone calls to:	
c/o FROMMER LAWRENCE & HAUG LLP 745 Fifth Avenue New York, New York 10151		(212) 588-0800 to the attention of: WILLIAM S. FROMMER		
I hereby declare that all statements information and belief are believed to be trwillful false statements and the like so mad Title 18 of the United States Code and that or any patent issued thereon.	ue; and further that t e are punishable by fi	hese statements w ne or imprisonmen	ere made with the knowledge that t, or both, under Section 1001 of	n
INVENTOR(S):	\ •			
	VTR _		e: 10.10.00	
Signature: V Signature: Full name of sole or first inventor: Residence:	Besma KRAIEM Fellbach, Germany	Dat	e: _/(U, // U · U)	
Citizenship:	Tunisia			
_	- Par		e: 23.10,00	
Signature:	Janos ENDERLEIN	Dat	e:	_
Residence:	Stuttgart, Germany			
Citizenship:	Germany			
[Similarly list additional inventors on sepa Post Office Address(es) of inventor(s): [if all inventors have the same post office		SONY Internation Kemperplatz 1 D-10785 Berlin GERMANY	al (Europe) GmbH	

Note: In order to qualify for reduced fees available to Small Entities, each inventor and any other individual or entity having rights to the invention must also sign an appropriate separate "Verified Statement (Declaration) Claiming [or Supporting a Claim by Another for] Small Entity Status" form [e.g. for Independent Inventor, Small Business Concern, Nonprofit Organization, individual Non-Inventor].

Note: A post office address must be provided for each inventor.